

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101686797
APPLICANT(S)

FILING DATE

5/17/05

CLAIMS

| AS FILED | AFTER | | AFTER | | * IND. | * DEP. | * IND. | * DEP. |
|--------------|---------------|------|-------|---------------|--------------|-----------|-----------|-----------|
| | 1st AMENDMENT | IND. | DEP. | 2nd AMENDMENT | IND. | DEP. | IND. | DEP. |
| 1 | | | | | 51 | | | |
| 2 | | | 1 | | 52 | | | |
| 3 | | | 1 | | 53 | | | |
| 4 | | | 1 | | 54 | | | |
| 5 | | | 1 | | 55 | | | |
| 6 | | | 1 | | 56 | | | |
| 7 | | | 1 | | 57 | | | |
| 8 | | | 1 | | 58 | | | |
| 9 | | | 1 | | 59 | | | |
| 10 | | | 1 | | 60 | | | |
| 11 | | | | | 61 | | | |
| 12 | | | | | 62 | | | |
| 13 | | | | | 63 | | | |
| 14 | | | | | 64 | | | |
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| 16 | | | | | 66 | | | |
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| 40 | | | | | 90 | | | |
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| 46 | | | | | 96 | | | |
| 47 | | | | | 97 | | | |
| 48 | | | | | 98 | | | |
| 49 | | | | | 99 | | | |
| 50 | | | | | 100 | | | |
| TOTAL IND. | | | 3 | | TOTAL IND. | | | |
| TOTAL DEP. | | | 5 | | TOTAL DEP. | | | |
| TOTAL CLAIMS | | | 9 | | TOTAL CLAIMS | | | |

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